

FILED NOV 1 1943 149  
Registration District No. ....

Primary Registration District No. 1002

1. PLACE OF DEATH:  
Jackson  
(a) County Kansas City  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2043 Denver Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)  
In this community 35 Years

3. (a) PRINT Mr. S. Morris Allen  
FULL NAME  
(b) If veteran, No (c) Social Security No. 499-16-3632  
name war

4. Sex Male 5. Color or White  
race White  
(b) Name of husband or wife Mrs. Mary Gilbert Allen  
6. (a) Single, widowed, married. divorced. Married  
(c) Age of husband or wife if alive 53 years  
7. Birth date of deceased November 29 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 10 15 hr. min.

9. Birthplace Cornelia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Ebony Paint Manufacturing Co.

MOTHER FATHER { 12. Name Charles P. Allen  
13. Birthplace New York  
14. Maiden name Martha Gilbert  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Gilbert Allen  
(b) Address 2043 Denver Avenue

17. (a) Removal Oct. 16, 1943  
(Burial, cremation, or removal) Sunset Hill Cemetery  
(c) Place: burial or cremation Warrensburg, Missouri

18. (a) Signature of funeral director O. H. Newcomer, Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-16-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2043 Denver Avenue  
(If outside city or town limits, write "RURAL")  
(e) Citizen of foreign country? -- No -- (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 14th  
year 1943 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to 10/15, 1943  
that I last saw him alive on 10/1/43  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary heart disease sudden

Due to Atherosclerosis

Due to 940

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(e) Means of injury

23. Signature J. E. Brown (M. D. or other) 11/15/43  
Address 207 North Date signed 11/15/43

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Specialty Body

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Emile M. Culhoun  
Licensed Embalmer No. 3506  
P. O. Address K C Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**